

AUTHORIZATION FOR CHANGE TO ELECTION PAYROLL

Clerk of Court to complete the following information and submit form, along with Affidavit of Payee to the Department of State, Accounting Division:

PARISH _____

ELECTION DATE: _____

Name of Payee: _____

Address: _____

City: _____ State: ____ Zip: _____

Social Security Number: ____ - ____ - ____

Ward ____ Precinct: _____

Pay Status: 0 1 2 7 8 9 Pay Amount: \$ _____

PLEASE TAKE THE FOLLOWING ACTION

- ☐ Stop payment on payee's original check
- ☐ Issue a check in the amount of \$ _____ and send to the above address
- ☐ Send a supplemental check in the amount of \$ _____

OTHER INFORMATION

- ☐ The payee's address on payroll
 - ☐ is correct ☐ is incorrect, should be:
 - ☐ The payee's original check has been:
stolen lost not received voided after 90 days destroyed by mail
 - ☐ The payee's name was omitted from payroll
 - ☐ The Payee's social security number should be:
 - ☐ Please adjust pay history. Commissioner was overpaid in the amount of \$ _____. Personal Check/Money Order _____ attached to reflect overpayment.
- Authorized by:

Date: _____